

CATECHIST FORMATION

Workshop Provider

This form is to be completed by the person that is interested in conducting a workshop that will provide an opportunity for catechist certification. **This form should be submitted prior to the anticipated workshop.** Please return completed form **and an outline of each presentation** to the Office of Christian Formation & Schools at the address below.

Name: _____

Address: _____

Phone: (_____) _____ Email: _____

Name of Parish/School: _____

City: _____

Ministry Area: _____

Workshop Site: _____

City/State: _____ Date of Workshop: _____

Session Title	Presenter	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



THE DIOCESE OF STEUBENVILLE

OFFICE OF CHRISTIAN FORMATION & SCHOOLS

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